

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF MISSOURI**

SANDRA FRIERSON	)	
	)	
Plaintiff,	)	
	)	
vs.	)	JURY TRIAL DEMANDED
	)	
ENHANCED RECOVERY CO., LLC	)	
	)	
Defendant.	)	

**COMPLAINT**

NOW COMES the Plaintiff, SANDRA FRIERSON, by and through undersigned counsel, and for his complaint against the Defendant, ENHANCED RECOVERY CO., LLC, Plaintiff states as follows:

**I. PRELIMINARY STATEMENT**

1. This is an action for actual and statutory damages for violations of the Fair Debt Collection Practices Act (hereinafter "FDCPA"), 15 U.S.C. §1692, et seq.

**II. JURISDICTION & VENUE**

2. Jurisdiction arises under the FDCPA, 15 U.S.C. § 1692 et seq., and pursuant to 28 U.S.C. § 1331.

3. Venue is proper in this District in that Plaintiff resides here, Defendant transacts business here and the conduct complained of occurred here.

**III. PARTIES**

4. SANDRA FRIERSON, ("Plaintiff") is a natural person who resides in the State of Missouri, and is a "consumer" as that term is defined by 15 U.S.C. §1692a(3).

5. ENHANCED RECOVERY CO., LLC ("Defendant") is a business entity engaged in the collection of debt within the State of Missouri. To the best knowledge and belief of Plaintiff, Defendant is a corporation operating from 8014 Bayberry Road, Jacksonville, FL 32256-7412, and is a "debt collector" as that term is defined by 15 U.S.C. § 1692a(6).

#### **IV. ALLEGATIONS**

6. The debt allegedly owed by Plaintiff, namely, a bill incurred through Time Warner Cable ("the Debt"), was incurred primarily for personal, family, or household services and is therefore a "debt" as that term is defined by U.S.C. § 1692a(5).

7. On or about June 30, 2015, Plaintiff retained counsel to assist in the resolution of several allegedly outstanding debts, including the Debt.

8. On or about July 6, 2015, Plaintiff's counsel sent notice of representation to Plaintiff's creditors via certified mail, including Defendant. See Exhibit 1 attached.

9. On or about July 6, 2015, Defendant received and signed for Plaintiff's notice of representation letter. See Exhibit 2 attached.

10. Despite receiving notice that Plaintiff was represented by an attorney, Defendant contacted plaintiff by letter on or about July 16, 2015 about the allegedly outstanding debt. See Exhibit 3 attached.

11. These communications by Defendant violated 15 U.S.C. § 1692b(6) in that Defendant contacted Plaintiff after receiving notice that the consumer was represented by an attorney.

#### **V. JURY DEMAND**

12. Plaintiff is entitled to and hereby respectfully demands a trial by jury on all issues so triable in the U.S. District Court for the Western District of Missouri.

**VI. PRAYER FOR RELIEF**

WHEREFORE, Plaintiff, Sandra Frierson, respectfully prays for judgment as follows:

- a. All actual compensatory damages suffered pursuant to 15 U.S.C. § 1692k(a)(1) from Defendant Approved and for Plaintiff;
- b. Statutory damages of \$1,000.00 pursuant to 15 U.S.C. § 1692k(a)(2)(A) from Defendant Approved and for Plaintiff;
- c. Plaintiff's attorneys' fees and costs pursuant to 15 U.S.C. § 1692k(a)(3) from Defendant Approved and for Plaintiff;
- d. Any other relief deemed appropriate by this Honorable Court.

Respectfully submitted,

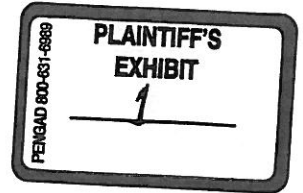
**ADDLEMAN LAW FIRM, LLC**

**By: /s/ Thomas A. Addleman  
Thomas A. Addleman #21104  
255 NW Blue Parkway, Suite 200  
Lee's Summit, MO 64068  
Telephone: 816-994-6200  
Facsimile: 816-396-6240  
Tom@Addlemanlawfirm.com**

**Attorney for Plaintiff**

Return Address: CREDIT LAW CENTER  
255 NW BLUE PARKWAY STE 200  
LEES SUMMIT, MO 64063  
Delivery Address: ENHANCED RECOVERY CO L  
8014 BAYBERRY ROAD  
JACKSONVILLE, FL 32256-7412  
Cost Code:

Print Date: July 01, 2015 - 03:16:29 PM  
Mail Date: July 01, 2015  
User: coe1  
Weight: 0 lbs 1 oz  
Refund Type: E-refund  
Printed Msg:



Class/Service: First Class ®	
Special Services: Certified Mail ®	\$0.49
<u>Electronic Return Receipt</u>	\$3.45
Insurance: N/A	\$1.40
TOTAL COST:	
	\$5.34

Tracking: 9414811899562789190155

Tracking Status: Temporarily unavailable. Please try again later (x8004c80a)

# Credit Law Center

*formerly Addleman Law Firm*

255 NW Blue Parkway, Ste 200

Lee's Summit, Missouri 64063

Phone (816) 994-6200

Fax (816) 396-6240

June 30, 2015

ENHANCED RECOVERY CO L  
8014 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

Account No. 10079XXXX

My Client: Sandra Frierson

SSN: 496-80-5374

DOB: 03/13/1967

Address: 1126 NW Downing Ct.

To Whom It May Concern:

My law firm has been retained to represent Sandra Frierson. In accordance with that representation, we are requesting full documentation as to the amount of debt you claim owed.

This letter is being sent to you in response to a listing on my client's credit report. Be advised that this is not a refusal to pay, but a notice sent pursuant to the Fair Debt Collection Practices Act, 15 USC 1692g (Sec. 809) that your claim is disputed and validation is requested. I request that you stop contacting my client on the telephone and restrict your contact with us to written correspondence only.

I ask you to provide the following information:

1. Complete payment history, the requirement of which has been established by *Spears v Brennan*, 745 N.E.2d 862; 2001 Ind. App. LEXIS 509.
2. Agreement that bears the signature of the alleged debtor wherein he agreed to pay the original creditor.
3. Original letter of sale or assignment from the original creditor to your company. The source of a debt and the amount a bad debt buyer paid for plaintiff's debt, how the amount sought was calculated, where at issue a list of reports to credit bureaus, and documents conferring authority on defendant to collect debt. Agreement with your client that grants you the authority to collect on this alleged debt which has been established by *Coppola v. Arrow Financial Services*, 302CV577, 2002 WL 32173704 D.Conn., Oct. 29, 2002 –( information relating to the purchase of a bad debt is not proprietary or burdensome. Electronic File summary is not acceptable. Debtor must phrase their request clearly to obtain: The source of a debt and the amount a bad debt buyer paid for plaintiff's debt, how the amount sought was calculated, where at issue a list of reports to credit bureaus, and documents conferring authority on defendant to collect debt. Furthermore, according to the FTC's web site and pursuant to Section 9-406 of the Uniform Commercial Code, you are hereby requested to provide proof that you or your principal is in fact the assignee of the debt described in your correspondence and that you are legally authorized to attempt to collect the claimed debt.)
4. Intimate knowledge of the creation of the debt by you, the collection agency.
5. Show me that you are licensed in my state, and give me your license number (Please evidence your authorization to do business or operate in this state).
6. Proof that the Statute of Limitations has not expired on the account.

You have thirty (30) days from receipt of this notice to respond completely to questions 1-6. Your failure to respond, on point, in writing, hand signed, and in a timely manner, will work as a waiver to any and all of your claims in this matter, and will entitle me to presume that you placed this on my clients credit report(s) in error and that this matter is permanently closed. Correct the record and remove this invalid debt from all sources to which you have reported it or provide the proof which will be used pre complaint discovery.

Under FDCPA Section 809(b), you are not allowed to pursue collection activity until the debt is validated. You should be made aware that in *Boatley v. Diem Corporation*, No. Civ 03-0762 (D.C. Ariz. 2004), the court ruled that reporting a collection account indeed is considered collection activity.

For the purposes of 15 USC 1692 et seq., this Notice has the same effect as a dispute to the validity of the alleged debt and a dispute to the validity of your claims. This Notice is an attempt to correct your records, and any information received from you will be collected as evidence should further action be necessary. This is a request for information only, and is not a statement, election, or waiver of status.

Respectfully,

Thomas A. Addleman  
*Attorney at Law*  
Credit Law Center

TA/kj  
cc: Sandra Frierson

## POWER OF ATTORNEY

### I. PRINCIPAL AND ATTORNEY-IN-FACT

I hereby appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below.

Name: Addleman Law Firm  
Address: 255 NW Blue Parkway, Suite 200, Lee's Summit, MO 64063

### II. EFFECTIVE TIME

This Power of Attorney shall become effective immediately and shall continue to be effective for one year or until I give written notice of cancellation to the address listed above.

### III. POWERS OF ATTORNEY-IN-FACT

My attorney-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to the extent permitted by law:

**The power to: Act on my behalf in negotiating payment terms with my creditors and also the power to submit letters on my behalf to all credit bureaus and receive documents that relate to my credit and credit history; that shall include credit reports, prior dealings with creditors and settlement offerings made by creditor. The power to file suit and other legal remedies should the need arise in my situation. I understand that I will be notified prior to any such filing.**

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as the attorney-in-fact deems necessary or appropriate in order to fully effectuate these matters.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney on the date set forth below.

Date: 11-24-14

Sandra L. Frierson  
Signature of Client

Sandra L. Frierson  
Client Printed Name



**HIPAA Release of information  
AUTHORIZATION FORM**

I, X \_\_\_\_\_ hereby authorize \_\_\_\_\_ and its affiliates, its employees and agents (collectively Addleman Law Firm), to release to Addleman Law Firm [Insert full name of person/organization] my personal health information maintained by \_\_\_\_\_ (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) except the following information about me:

----- N/A ----- [DESCRIBE INFORMATION NOT TO BE DISCLOSED, IF ANY] for the purpose of helping me to resolve claims and health benefit coverage issues. I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

This authorization is valid from the date of my/my representative's signature below and shall expire the earlier of \_\_\_\_\_ [INSERT DATE/EVENT UPON WHICH THIS AUTHORIZATION EXPIRES] or the date my coverage ends with \_\_\_\_\_.

I understand that I have a right to revoke this authorization by providing written notice to Addleman Law Firm. However, this authorization may not be revoked if Addleman Law Firm, its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

Name of Member: X Sandra L. Frierson

Signature of Member: X Sandra L. Frierson

Date: X 11-24-14

**If applicable, Legal Representatives sign below:**

*By signing this form, I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the Member's behalf with respect to this authorization form.*

Name of Legal Representative: Thomas Addleman

Signature of Legal Representative: [Signature]

Date: \_\_\_\_\_

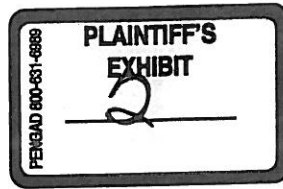
Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_





## USPS Tracking®



Customer Service ›  
Have questions? We're here to help.



Get Easy Tracking Updates ›  
Sign up for My USPS.

Tracking Number: 9414811899562789190155

Expected Delivery Day: Monday, July 6, 2015

## Product &amp; Tracking Information

Postal Product:  
First-Class Mail®

Features:  
Certified Mail™

Return Receipt Electronic

DATE & TIME	STATUS OF ITEM	LOCATION
July 6, 2015 , 9:18 am	Delivered	JACKSONVILLE, FL 32256

Your item was delivered at 9:18 am on July 6, 2015 in JACKSONVILLE, FL 32256.

July 5, 2015 , 3:49 am	Departed USPS Facility	JACKSONVILLE, FL 32203
July 4, 2015 , 12:45 pm	Arrived at USPS Facility	JACKSONVILLE, FL 32203
July 2, 2015 , 8:33 pm	Departed USPS Facility	KANSAS CITY, MO 64121
July 2, 2015 , 6:15 pm	Arrived at USPS Origin Facility	KANSAS CITY, MO 64121
July 2, 2015 , 5:00 pm	Accepted at USPS Origin Sort Facility	LEES SUMMIT, MO 64063
July 2, 2015 , 9:13 am	Shipment Accepted	LEES SUMMIT, MO 64063
July 1, 2015	Pre-Shipment Info Sent to USPS	

## Track Another Package

Tracking (or receipt) number

Track It

## Manage Incoming Packages

Track all your packages from a dashboard.  
No tracking numbers necessary.

Sign up for My USPS ›



Date: October 8, 2015

Credit Law Center LLC:

The following is in response to your October 8, 2015 request for delivery information on your Certified Mail™/RRE item number 9414811899562789190155. The delivery record shows that this item was delivered on July 6, 2015 at 9:18 am in JACKSONVILLE, FL 32256. The scanned image of the recipient information is provided below.

Signature of Recipient :

ure	LR Dunih
d	LR Dunih

Address of Recipient :

ry	
is	

Thank you for selecting the Postal Service for your mailing needs.

If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,  
United States Postal Service



# Enhanced Recovery Company, LLC

July 16, 2014



Creditor: Time Warner Cable  
Original Creditor: Time Warner Cable  
Account Number: 63342203  
Amount of Debt: \$131.25  
Reference Number: 100790121

## COLLECTION NOTICE

SANDRA FRIERSON

Our records indicate that your balance with Time Warner Cable remains unpaid; therefore your account has been placed with Enhanced Recovery Company, LLC for collection efforts.

Upon receipt and clearance of \$131.25, your account will be closed and collection efforts will cease.

A portion of your balance may include fees due to unreturned Time Warner Cable equipment. Once your Time Warner Cable equipment is returned, your outstanding balance may be credited up to the value of the equipment returned. At that point we can offer you several options for resolving the remaining balance. If you do not have your Time Warner Cable equipment or cannot return it, your entire balance is being called due now.

This letter serves as notification that your delinquent account may be reported to the national credit bureaus.

Unless you dispute the validity of the debt, or any portion thereof, within thirty (30) days after your receipt of this notice, the debt will be assumed to be valid by us.



View statements, pay your balance, and manage your account online at [www.payerc.com](http://www.payerc.com)



Telephone: (800) 875-5350 Toll Free. All calls are recorded and may be monitored for training purposes.



Send correspondence to: Enhanced Recovery Company, LLC, P.O. Box 57610, Jacksonville, FL 32241



Office Hours (Eastern Time): Mon - Thur, 8:00 am - 11:00 pm; Fri: 8:00 am - 10:00 pm; Sat: 8:00 am - 8:00 pm



This is an attempt to collect a debt. Any information obtained will be used for that purpose.

**NOTICE - SEE REVERSE SIDE FOR IMPORTANT NOTICES AND CONSUMER RIGHTS**



Please do not send correspondence to this address.

P.O. BOX 1259, Dept 98696  
Oaks, PA 19456



July 16, 2014

IF PAYING BY CREDIT OR DEBIT CARD, FILL OUT BELOW OR IF PAYING BY CHECK OR MONEY ORDER PLEASE REMIT TO ADDRESS BELOW.		
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		BILLING ZIP
SIGNATURE		SECURITY CODE
REFERENCE NUMBER		EXP. DATE
100790121	AMOUNT OF DEBT	AMOUNT PAID
	\$131.25	\$



98690 - 5329



SANDRA FRIERSON  
1126 NW DOWNING CT  
BLUE SPRINGS MO 64015-2470

Enhanced Recovery Company, LLC  
P.O. Box 23870  
Jacksonville, FL 32241-3870



PAP-1003-C-0

98690-10001-DUN-TWC3Q-5329





**Federal Validation Notice:**

Pursuant to 15 U.S.C./1692g(a), take notice that:

1. The amount of the claimed debt is the amount stated in the letter on the reverse side of this notice.
2. The name of the creditor to whom the debt is owed is in the letter on the reverse side of this notice.
3. Unless you dispute the validity of the debt, or any portion thereof, within thirty (30) days after your receipt of this notice, the debt will be assumed to be valid by us.
4. If you notify our office below in writing within (30) days of your receipt of this notice that the debt, or any portion thereof is disputed, we will obtain verification of the debt or a copy of any judgment that may be of record against you. We will mail the verification or copy of the judgment to you.

5. Upon your written request to this office within thirty (30) days of your receipt of this notice, we will provide you with the name and address of the original creditor, if different from the current creditor listed in the letter on the reverse side of this notice.

**Federal Notice:**

This is a debt collector attempting to collect a debt. Any information obtained will be used for that purpose.

**Tennessee Residents:**

This Collection Agency is licensed by the Collection Service Board of the Department of Commerce and Insurance.

**Minnesota Residents:**

This Collection Agency is licensed by the Minnesota Department of Commerce.

**New York State Residents:**

New York City Department of Consumer Affairs License Number: 1394588.

**North Carolina Residents:**

North Carolina Department of Insurance Permit Number: 103967.

**Utah Residents:**

As required by Utah Law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

**For additional information please contact the following:**  
Enhanced Recovery Company, LLC  
P.O. Box 57610  
Jacksonville, FL 32241

**Colorado Residents:**

For information about the Colorado Fair Debt Collection Practices Act, see [www.coloradoattorneygeneral.gov/ca](http://www.coloradoattorneygeneral.gov/ca) or any successor web address.

A consumer has the right to request in writing that a Debt Collector or Collection Agency cease further communication with the consumer. A written request to cease communication will not prohibit the Debt Collector or Collection Agency from taking any other action authorized by law to collect the debt.

Local address:

13111 E. Briarwood Ave. #340  
Centennial, CO 80012  
(303) 309-3839

**California Residents:**

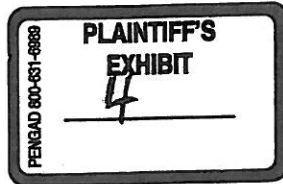
1. The State Rosenthal Fair Debt Collection Practices Act and the Federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 AM or after 9 PM. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at: 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov).

2. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

**Massachusetts Residents:**

You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten (10) days unless you provide written confirmation of the request postmarked or delivered within seven (7) days of such request. You may terminate this request by writing to the debt collector. If you wish to discuss this matter, please call us direct, between the hours of 8 AM and 5 PM EST, at the telephone number listed on the front of this notice. Local Address: 49 Winter Street, Weymouth, MA 02118.

We at Enhanced Recovery Company, LLC specialize in assisting persons in different financial situations. If additional assistance is needed, please contact us or visit our website.



7/16/2015



SANDRA FRIERSON  
1126 NW DOWNING CT  
BLUE SPRINGS, MO 64015

8014 Bayberry Rd.  
Jacksonville, FL 32256  
(800) 875-5350 Toll Free  
[www.ercollections.com](http://www.ercollections.com)  
Office Hours (Eastern Time):  
8:00 AM - 11:00 PM -- M-Th  
8:00 AM - 10:00 PM -- F  
8:00 AM - 8:00 PM -- Sat.

Re: Dispute and validation request

ERC Reference Number: 100790121  
ERC Customer: TWC3Q  
ERC Client Account Number: 63342203  
Original Client: Time Warner Cable

Dear SANDRA FRIERSON:

Our offices are in receipt of your letter of dispute and request for verification pursuant to 15 U.S.C. § 1692g of the Fair Debt Collection Practices Act. This letter is a response to your dispute. Please be advised we have contacted our client, who has confirmed the name and address listed on the account as well as the amount owed. Enclosed is a summary of the charges on the account and any billing statements provided by our client that confirm the charges.

Please be advised we may have reported this debt to the credit reporting agencies. In acknowledgement of your dispute, we have requested the account be updated as disputed. Credit reporting agencies may take up to 30 days or longer to update reports, this is beyond our control.

Should you have any questions regarding this account or any information provided at this time, please feel free to contact us.

Sincerely,  
Enhanced Recovery Company, LLC

This communication is made for the limited purpose of responding to your dispute and is NOT an attempt to collect a debt.

20020



This is a debt collector attempting to collect a debt. Any information obtained will be used for that purpose.

**Federal Validation Notice:**

Pursuant to 15 U.S.C./1692g(a), take notice that:

1. The amount of the claimed debt is the amount stated in the letter on the reverse side of this notice.
2. The name of the creditor to whom the debt is owed is in the letter on the reverse side of this notice.
3. Unless you dispute the validity of the debt, or any portion thereof, within thirty (30) days after your receipt of this notice, the debt will be assumed to be valid by us.
4. If you notify our office below in writing within thirty (30) days of your receipt of this notice that the debt, or any portion thereof is disputed, we will obtain verification of the debt or a copy of any judgment that may be of record against you. We will mail the verification or copy of the judgment to you.
5. Upon your written request to this office within thirty (30) days of your receipt of this notice, we will provide you with the name and the address of the original creditor, if different from the current creditor listed in the letter on the reverse side of this notice.

**Utah Residents:** As required by Utah Law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

**New York City Residents:** Department of Consumer Affairs License Number: 1394588.

**New York State Residents:** Debt collectors, in accordance with the Fair Debt Collection Practices Act, 15 U.S.C./1692 et seq., are prohibited from engaging in abusive, deceptive, and unfair debt collection efforts, including but not limited to: a) the use or threat of violence b) the use of obscene or profane language; and c) repeated phone calls made with the intent to annoy, abuse, or harass.

If a creditor or debt collector receives a money judgment against you in court, state and federal laws may prevent the following types of income from being taken to pay the debt:

Supplemental security income, (SSI); Social security; Public assistance (welfare); Public or private pensions; Unemployment benefits; Workers' compensation benefits; Disability benefits; Veterans' benefits; Spousal support, maintenance (alimony) or child support; Federal student loans, federal student grants, and federal work study funds; and Ninety percent of your wages or salary earned in the last sixty days.

**California Residents:** 1. The State Rosenthal Fair Debt Collection Practices Act and the Federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 AM or after 9 PM. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at: 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov)

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**Minnesota Residents:** This Collection Agency is licensed by the Minnesota Department of Commerce.

**North Carolina Residents:** Department of Insurance Permit Number: 103967.

**Colorado Residents:** For information about the Colorado Fair Debt Collection Practices Act, see [www.coloradoattorneygeneral.gov/ca](http://www.coloradoattorneygeneral.gov/ca) or any successor web address. A consumer has the right to request in writing that a Debt Collector or Collection Agency cease further communication with the consumer. A written request to cease communication will not prohibit the Debt Collector or Collection Agency from taking any other action authorized by law to collect the debt. Local address: 13111 Briarwood Ave. #340 Centennial, CO 80012 (303) 309-3839



S. Frierson/Acct# 633422-03

Acct/Stmt 633422-03 1 SANDRA FRIERSON

Billing Process Nbr 13702 Cycle 22 End Date 8/16/09

From Date	To Date	Description	Trans Amount	Total
8/16/09		Stmt Beginning Balance	470.16	470.16
7/22/09		VISA CREDIT	158.10-	312.06
8/07/09		VISA CREDIT	158.10-	153.96
8/18/09	8/23/09	PREMIUM ON DEMAND	.00	153.96
8/18/09	8/23/09	CALLER ID ON TV	.00	153.96
8/18/09	8/23/09	LIMITED BASIC	.00	153.96
8/18/09	8/23/09	STANDARD CHANNELS	.00	153.96
8/18/09	8/23/09	DIGITAL TIER	.00	153.96
8/18/09	8/23/09	STARZ	.00	153.96
8/18/09	8/23/09	PREMIUM ON DEMAND	.00	153.96
8/18/09	8/23/09	HBO WITH OnDEMAND	.00	153.96
8/18/09	8/23/09	CALLER ID ON TV	.00	153.96

Acct/Stmt 633422-03 1 SANDRA FRIERSON

Billing Process Nbr 13702 Cycle 22 End Date 8/16/09

From Date	To Date	Description	Trans Amount	Total
8/18/09	8/23/09	LIMITED BASIC	.00	153.96
8/18/09	8/23/09	STANDARD CHANNELS	.00	153.96
8/18/09	8/23/09	DIGITAL TIER	.00	153.96
8/18/09	8/23/09	STARZ	.00	153.96
8/18/09	8/23/09	PREMIUM ON DEMAND	.00	153.96
8/18/09	8/23/09	HBO WITH OnDEMAND	.00	153.96
8/18/09	8/23/09	CALLER ID ON TV	.00	153.96
8/18/09	8/23/09	CONTRACT ELIGIBLE	.00	153.96
8/18/09	8/23/09	MODEM CODE ONLY	.00	153.96
8/18/09	8/23/09	WIRELESS HOME NETWORKING	1.60-	152.36
8/18/09	8/23/09	ROAD RUNNER	7.00-	145.36
8/18/09	8/23/09	LIMITED BASIC	2.06-	143.30

Acct/Stmt 633422-03 1 SANDRA FRIERSON

Billing Process Nbr 13702 Cycle 22 End Date 8/16/09

From Date	To Date	Description	Trans Amount	Total
8/18/09	8/23/09	STANDARD CHANNELS	6.12-	137.18
8/18/09	8/23/09	DIGITAL TIER	1.20-	135.98
8/18/09	8/23/09	ON SCREEN GUIDE, VOD, MUSI	.47-	135.51
8/18/09	8/23/09	STARZ	1.79-	133.72
8/18/09	8/23/09	HBO WITH OnDEMAND	3.15-	130.57
8/18/09	8/23/09	DIGITAL CONVERTER RENTAL	1.59-	128.98
8/18/09	8/23/09	ON SCREEN GUIDE, VOD, MUSI	.63-	128.35
8/18/09	8/23/09	DIGITAL CONVERTER RENTAL	1.70-	126.65
8/18/09	8/23/09	ON SCREEN GUIDE, VOD, MUSI	.72-	125.93
8/18/09	8/23/09	DIGITAL CONVERTER RENTAL	1.70-	124.23
8/15/09		LATE FEE	7.00-	117.23
8/24/09	9/23/09	Statement Taxes	.02	117.25

Acct/Stmt 633422-03 1 SANDRA FRIERSON

Billing Process Nbr 13782 Cycle 22 End Date 8/16/09

From Date	To Date	Description	Trans Amount	Total
8/16/09		Statement Balance	131.25	
8/18/09		Statement Balance	131.25	
8/18/09		UNRETURNED EQUIPMENT CHAR	47.00	178.25
8/18/09		UNRETURNED EQUIPMENT CHAR	32.00	210.25
8/18/09		UNRETURNED EQUIPMENT CHAR	190.00	400.25
8/18/09		UNRETURNED EQUIPMENT CHAR	190.00	590.25
8/18/09		UNRETURNED EQUIPMENT CHAR	190.00	780.25
9/16/09		Statement Balance	780.25	
9/18/09		RETURNED EQUIPMENT	47.00-	733.25
9/18/09		RETURNED EQUIPMENT	32.00-	701.25
9/18/09		RETURNED EQUIPMENT	190.00-	511.25
9/18/09		RETURNED EQUIPMENT	190.00-	321.25

Acct/Stmt 633422-03 1 SANDRA FRIERSON

Billing Process Nbr 13782 Cycle 22 End Date 8/16/09

From Date	To Date	Description	Trans Amount	Total
9/18/09		RETURNED EQUIPMENT	190.00-	131.25
10/16/09		Statement Balance	131.25	
11/16/09		Statement Balance	131.25	
11/25/09		BAD DEBT WRITE OFF ADJUST	96.86-	34.39
11/25/09		BAD DEBT WRITE OFF ADJUST	34.39-	
12/16/09		Statement Balance	.00	
1/16/10		Statement Balance	.00	
2/16/10		Statement Balance	.00	
3/16/10		Statement Balance	.00	
		Current Balance	.00	